

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Freeman  
Do not use this space.

## 1. PLACE OF DEATH

County GreeneRegistration District No. 318

Township

Primary Registration District No. 200

City

No. 2250 N. Jefferson Ave

File No.

26158

Registered No.

584

St.

Ward)

## 2. FULL NAME

(a) Residence, No. 2250 N. Jefferson Ave St. 10th Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 13 1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 10 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Springfield Mo

FATHER

13. NAME

Asa Matthews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Walnut Grove Mo

MOTHER

15. MAIDEN NAME

Eunice Yates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Walnut Grove Mo

17. INFORMANT (ADDRESS)

Asa Matthews  
2250 N. Jeff

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose HillDATE Aug 15 1933

19. UNDERTAKER (ADDRESS)

F. C. Thieba  
Springfield Mo

20. FILED

8-14

1933

Ralph W. Langdon  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 193322. I HEREBY CERTIFY, That I attended deceased from 7/13 1933, to 8/13 1933I last saw him alive on Aug 13 1933 Death is saidto have occurred on the date stated above, at 8:30 pm.

The principal cause of death and related causes of importance were as follows:

Enlarged Thyroid Date of onset 7/3/33

Other contributory causes of importance:

67 67Name of operation none Date of 7/3/33What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury 7/3/33 1933Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no(Signed) R. W. Langdon M. D.(Address) Springfield Mo

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